Community-based Primary Care Clinic Grant Program

Quarterly TA Webinar
November 21, 2016

Conference Call #: (866) 620-7326
Access Code: 3507-50-3156

KANSAS
PRIMARY CARE AND RURAL HEALTH

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Overview & Agenda

Objectives:

- Update CBPCC grantees on grant/contract reporting and compliance as well as planned education/tools in development and other TA projects in progress.
- Highlight resources and programs relevant to CBPCC grantees.

Agenda:

- General Office Updates
- CBPCC Grant Reporting
- TA & Education Projects in Progress
- Preparing for ATL Process
- Q & A

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General Office Updates

Webpage updates
- Community-Based Primary Care Clinic Program
- Resources for CBPCC Grantees
- Kansas Rural Health Information Source (KRHIS)

The Community Spotlight Project has been launched!

Community-Based Primary Care Clinic Program

The Community-based Primary Care Clinic (CBPCC) program assists clinics in improving access to quality health care with an emphasis on community-based services and reducing health disparities for underserved populations. Grant funds are intended to make primary medical and dental care, prescription drugs, and preventive health care services accessible and affordable to underserved Kansas residents, including uninsured individuals and those enrolled in public insurance programs that are operated by the State of Kansas and/or federal government with eligibility based on income (KanCare).

CBPCC Program Eligibility & Application Process
CPBCC Program Overview & History
CPBCC Grantee Snapshots
Resources for Current CBPCC Grantees

CBPCC Program Eligibility & Application Process

Clinics applying for state CBPCC Grant Program funding are expected to serve as "safety net" clinics in their communities. Applicant clinics must be not-for-profit or publicly-funded clinics providing at least primary medical and/or dental care services (or planning to provide at least primary care medical and/or dental services for clinics not yet in operation).

Funded clinics must have a policy of non-discrimination in the provision of health care services, including but not limited to race, ethnicity, religion, or national origin. Clinics must provide services in their service area regardless of ability to pay, including a discounted fee schedule with reasonable charges for individuals below 200 percent of the federal poverty level. The discounted fee schedule must be in writing and information must be publicly posted to ensure that patients are aware of its availability. Patients below 100 percent of the federal poverty level should be charged only a nominal fee or receive free care. Patients above 200 percent of the federal poverty level may be charged the full fee for services.

Clinics receiving for the CBPCC grant funds apply annually during the Aid-to-Local application cycle, open during the first quarter of each calendar year. Applications are completed electronically through KDHE web-based system, Catalyst.

Click here for Further Information on Applying for the CBPCC Grant Program

CBPCC Program Eligibility & Application Process

CPBCC Program Overview & History

The Kansas Legislature appropriates state general funds to assist in the development and operation of clinics that focus on improving access to quality health care with an emphasis on community-based services and reducing health disparities for underserved populations. The Community-Based Primary Care Clinic Program Grant Program began in State Fiscal Year 1992 with 9 grantees receiving a total of $1,000,000 and has grown to now include 40 grantees receiving over $7,000,000.

SFY 2017 CBPCC Fact Sheet
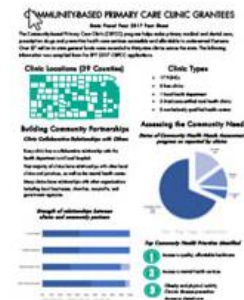
SFY 2016 CBPCC Fact Sheet

SFY 2017 CBPCC Grantee Map

CPBCC Grantee Snapshots
Resources for Current CBPCC Grantees

Resources for CBPCC Grantees

http://www.kdheks.gov/olrh/cbpcc_grantees.htm

Grant Application	Grant Award
SFY2016 CBPCC Application Guidance	CBPCC Confirmation/ Point of Contact Form
SFY2017 CBPCC Application Guidance	CBPCC Universal Aid to Local Contract Sample
	SFY 2017 Notice Grant Award Sample

Grant Reporting Deadlines

Financial Status Reports	Progress Work Plan Reports
1st Quarter Affidavit: October 15 2nd Quarter Affidavit: January 15 3rd Quarter Affidavit: April 15 4th Quarter Affidavit: July 15	1st Report Due: November 1 2nd Report Due: March 15 *(in conjunction with annual application)* Year-end Report Due: July 15
FSR Reporting Tutorial/Resources	**Work Plan Reporting Tutorial/Resources**
FSR Recording & Manual	Work Plan Recording & Manual

Quarterly CBPCC Webinars	Other Resources
August 17, 2016 Recording PowerPoint Slides	CBPCC Grantee Calendar SFY 2017
	KS-TRAIN Catalyst Tutorials
November 21, 2016 Registration Link	Charitable Health Care Provider Program
	J-1 Visa Waiver Information Webinar
February 14, 2017 Registration Link	Kansas Association for Medically Underserved
May 16, 2017 Registration Link	Quality Reporting System

Kansas Rural Health Information Source

Welcome, and thank you for visiting the Kansas Rural Health Information Source - KRHIS – webpage.

KRHIS distributes updates and useful information to providers and partners serving rural Kansas. KRHIS list groups are open to public and free to use. Users can register on-line to receive email notices and can search an on-line library of notices. You can choose as many or as few categories as you want, so that you will receive only those notices that are of specific interest to you.

Registration is fast and easy.

Step 1: Select the KRHIS list group topic you are interested in receiving email notices.

Step 2: Select the 👤 Subscribe or Unsubscribe icon the right hand side of the web-page.

Step 3: Type in your name and email address; then, click on the "Subscribe" button.

Step 4: You will receive an automatic email, asking to confirm your email address. (Be sure click on the link to confirm.)

The information you provide is treated with utmost confidentiality, and is not provided to any third parties.

Grant & Funding Opportunities

Health Workforce Data, Recruitment & Retention

Rural Data, Tools, Policy Updates & Research

Health Workforce Education & Training

Community Spotlight Project

The [Community Spotlight Project](#) is intended to help identify and promote success stories from providers and partners.

The benefits to Kansas communities include…
- Opportunity to reflect and showcase clinic efforts
- Tool to raise awareness of their community and for workforce recruitment
- Utilize in CHNA and other reports

http://www.kdheks.gov/olrh/community_spotlight.htm

NEW Contact Information

- General Email: primarycare@ks.gov
- CBPCC Staff:
  - Beeta Kashani, Program Coordinator
    Email: beeta.kashani@ks.gov
    Phone: 785-291-3819
  - Bobbi Darnell, Program Specialist
    Email: bobbi.darnell@ks.gov
    Phone: 785-296-3380

- Other PC & RH Staff:
  - Ashley Wallace, Program Coordinator
    Email: ashley.wallace@ks.gov
    Phone: 785-291-3819
  - Ellan Spivey, Program Specialist
    Email: ellan.spivey@ks.gov
    Phone: 785-296-3135

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CBPCC Grant Reporting

Quarterly Expenditure Reporting

- Grantees will be required to submit SFY 2017 Quarterly Expenditure Reports through the Catalyst portal.

- Quarter 2 Report for Expenses between October 1 and December 31 will be due January 15, 2017.
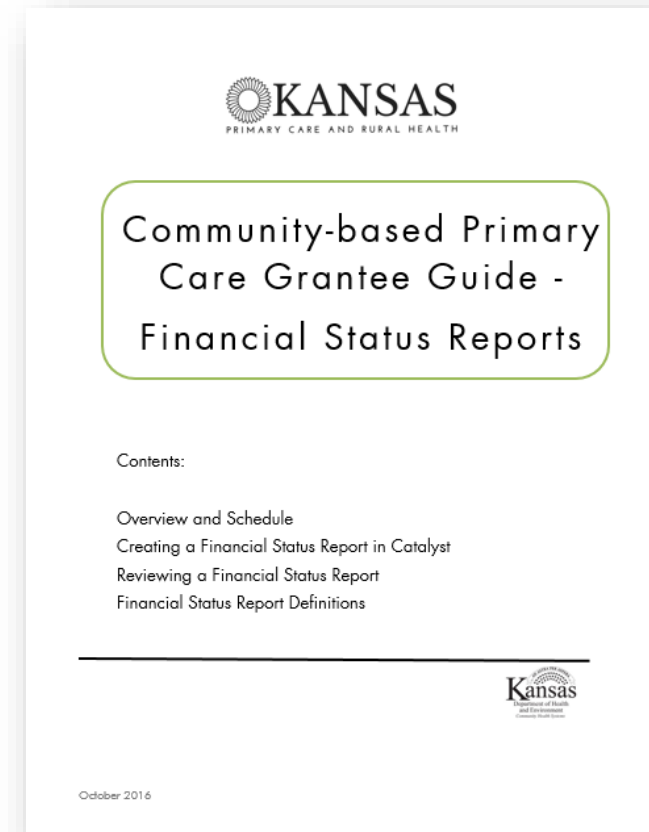
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Community-based Primary Care Grantee Guide - Financial Status Reports

Contents:

Overview and Schedule
Creating a Financial Status Report in Catalyst
Reviewing a Financial Status Report
Financial Status Report Definitions

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October 2016

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CBPCC Grant Reporting

Work Plan/Progress Report

- As outlined in the SFY 2017 Notice Award agreements, grantees will be required to submit progress reports at three points of time during the grant cycle.
  - November 2016
  - March 2017 (as part of the annual aid-to-local application)
  - July 2017 (Year End Report)

NEW Reporting Deadline: November 18, 2016

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CBPCC Grant Reporting
November 2016 Work Plan/Progress Report – Survey Results

Choose one of the following categories that best describes the quality improvement (QI) activity/project your clinic is undertaking.

Answered: 34   Skipped: 0
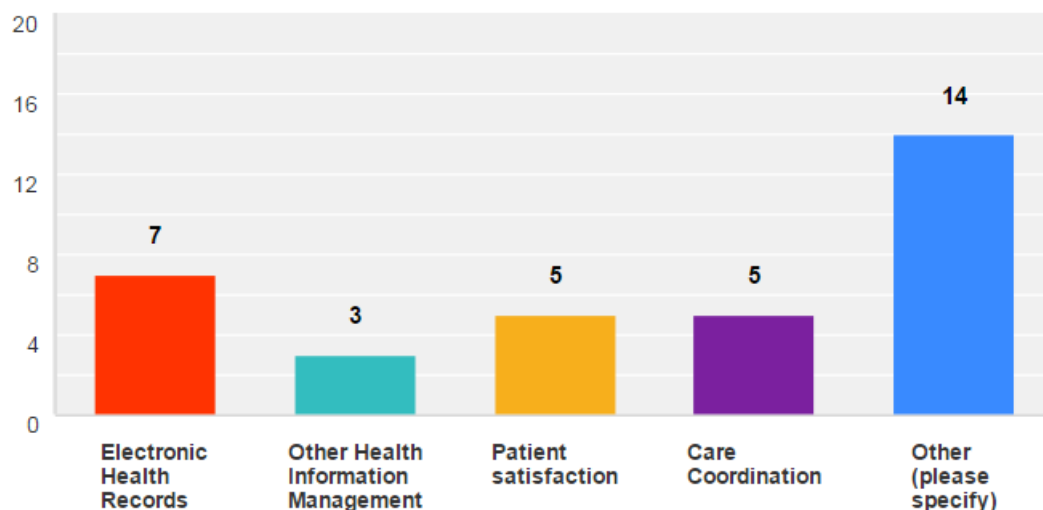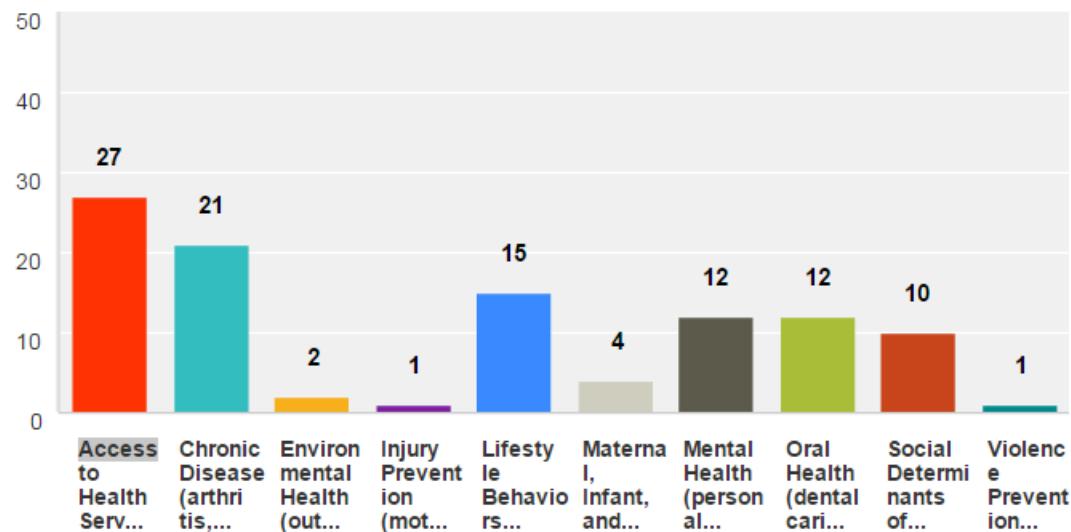
Q9 Please describe your clinic's progress, since the CBPCC grant application, in carrying out this QI activity/project.

Answered: 34   Skipped: 0

Mental Health Check Diabetic Patients
Recognition Behavioral Health Success
Patient Satisfaction Application
EHR Software
Electronic Health Records Project
Appointments Financial Care Plan

CBPCC Grant Reporting
November 2016 Work Plan/Progress Report – Survey Results

CBPCC Grant Reporting
November 2016 Work Plan/Progress Report – Survey Results

Information will be used by the Office to complete its federal grant reports for State Primary Care Office and State Office of Rural Health due in early December and early March.

In addition, the Office will be sharing the survey findings with KAMU from program and educational purposes.

CBPCC Grant Reporting
Work Plan/Progress Report

- As outlined in the SFY 2017 Notice Award agreements grantees will be required to submit progress reports at three points of time during the grant cycle.
  - November 2016
  - March 2017 (as part of the annual aid-to-local application)
  - July 2017 (Year End Report)

Further Discussion Later in Webinar Regarding AtL Application

CBPCC Grant Reporting
Work Plan/Progress Report

- As outlined in the SFY 2017 Notice Award agreements, grantees will be required to submit progress reports at three points of time during the grant cycle.
  - November 2016
  - March 2017 (as part of the annual aid-to-local application)
  - July 2017 (Year End Report)

Reporting Deadline: July 15, 2017

CBPCC Grant Reporting
July 2017 Work Plan/Progress Reporting

ALL Clinics are required to….

1. Complete CBPCC Work Plan online survey

2. Submit Staff/Volunteer Recruitment & Retention Plan

3. Cultural Competency Training Exercise with Community Boards

Cultural Competency Training Exercise with Community Boards

Step 1: Watch <u>Health in 3D: Diversity, Disparities, and Social Determinants</u> on Kansas-TRAIN with clinic board members.

Health in 3D: Diversity, Disparities, and Social Determinants (1063291)

This educational offering supported by the Reach Foundation, explains how diversity, disparities and social determinants (3D's) apply to your work in public health and is essential in order to effectively deliver public health services. One goal of this training is to help participants look at diversity from a broader perspective and think about populations that are present in Kansas. It is important to understand that one's history, experience, age and geographic location are all part of diversity—not just one's racial or ethnic background. This training will provide more information with stories from Kansans themselves. When most of us think of cultural diversity, we think of race and ethnicity. One goal of this training is to help us think about other populations that are present in Kansas not based on race or ethnicity. This training looks at diversity in Kansas from a broader perspective.

Step 2: At the conclusion of the video, hold a discussion with the board members guided by questions provided by the Office.

Step 3: Following this discussion, a representative will fill out a short online survey, on behalf of the clinic, proving feedback to the Office.

CBPCC Grant Reporting
July 2017 Work Plan/Progress Reporting

Clinics must also ….

1. Complete Patient-Center Medical Home Assessment Project

    To complete this deliverable, clinics must meet one of the following:

    ❑ Currently be Patient-Center Medical Home (PCMH) Recognized

    ❑ Actively Participating in an approved Practice Transformation Network

    ❑ Complete the KAMU supported PCMH Readiness Assessment

    **All clinics will the required to complete, unless the clinic completes the 'waiver request' and is an exemption is approved

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CBPCC Grant Reporting
July 2017 Work Plan/Progress Reporting

Clinics must also ….

2. Build Emergency Preparedness Capacity

To complete this deliverable, clinics must :

❑ Regularly Meet/Connect with the Local Emergency Planning Committee and/or the Local Health Departments' Emergency Preparedness planner or equivalent. AND

❑ Perform an emergency preparedness "all-hazards" risk assessment. Clinics must be able to demonstrate they participated the community-level risk assessment with emergency preparedness partners OR the clinic has carried out a facility-level risk assessment with the final report.

**All clinics will the required to complete, unless the clinic completes the 'waiver request' and is an exemption is approved

Clinics that feel they do not have the capacity to complete the PCMH and/or the Emergency Preparedness required activities, may request these work plan deliverables to be waived

Clinic must complete the 'waiver request' by January 15, 2017 for consideration.

Please Note: Clinic should <u>not</u> use the CBPCC grant award as driving rationale for requesting an exemption.

2016-2017 COMMUNITY-BASED PRIMARY CARE GRANT WORK PLAN
DELIVERABLES WAIVER FORM

Clinic Name	

Clinic Request for Consideration:

Select the statement that best applies:

☐ My clinic is requesting to be exempt from completing the Patient-Centered Medical Home Assessment Project.

☐ My clinic is requesting to be exempt from completing the Emergency Preparedness Capacity deliverable.

☐ My clinic is requesting to be exempt from completing the Patient-Centered Medical Home Assessment Project AND the Emergency Preparedness Capacity deliverables.

Indicated the total number of individuals/staff working at the clinic:

_____ Employed Personnel
_____ Contractual Personnel
_____ Volunteers

List the clinic's hours of operation/Number of Hours Open: _____ per week OR _____ per month

Describe the unique characteristics of your clinic which make it prohibitive to complete in the Community-based Primary Care Clinic grant's Patient-centered Medical Home Assessment AND/OR Emergency Preparedness work plan deliverable (max 100 words)

_____
_____
_____
_____
_____
_____
_____

Clinic SIGNATURE required:

Clinic Authorizing Official Signature _____

Printed Name _____

Date _____

Questions?

Education & TA Projects in Progress

Increasing Awareness of the J-1 Visa Waiver Program

The State 30 (Conrad) J-1 Visa Waiver Program assists non-citizen physicians who are international medical graduates to obtain an H-1B or J-1 visa by waiving the two-year home country residency requirement in exchange for a commitment to practice medicine in a location designated as a Health Professional Shortage Area (HPSA).

Our Goal:

Increase awareness of the J-1 Visa Waiver Program opportunities for CBPCCs and other safety-net clinics

Resources:

Redesigned & Updated Webpage
www.kdheks.gov/olrh/j-1visa_waiver_overview.htm

KDHE-J1VISA-WAIVER-PROGRAM list group
Posting weekly updates

Informational Webinar Recording
https://attendee.gotowebinar.com/register/396750 7821191764481

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Education & TA Projects in Progress

Supporting Cultural Competency

Why the TA Focus?

CBPCC Grantees are expected to provide culturally competent, comprehensive primary care services and provide access or referral arrangements for ancillary, inpatient, and specialty care that is not available on-site.

Our Goal:

Assist in helping CBPCCs achieve organizational, systemic, and clinical cultural competence.

Objectives:

1. Increase the number of sites whose board members and administration are trained in cultural competency.
2. Increase the number of sites that adopt cultural competency principles into organizational mission, culture, and clinic practice to address health disparities.

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CULTURAL COMPETENCY

Why should your clinic care?

The lack of cultural competence in clinical care poses significant risks to patients and undermines the quality of care in a variety of ways. Minority groups, including racial/ethnic minorities, LGBTQ, disabled, and others are more likely to experience poorer health than the general population, experience more significant problems accessing care, are more likely to be uninsured, and often receive lower quality health care than other Americans.

SAFETY

Inherent biases can lead to misunderstandings, different expectations, and contrasting perceptions about care and treatment

Incorrect translation can lead to opportunities for error in detection, follow-up, and treatment

Different standards for diagnostic tests and treatment

EQUITY

Minorities disproportionately face poverty, lack of access to care, and poorer health outcomes

They are likely to face barriers once they do access care related to how they are treated by and interact with their provider, contributing to poor care quality and health disparities

PATIENT-CENTEREDNESS

Provider may not understand how to respond to the unique needs of the patient, undermining trust

Less participatory decision-making No consideration of the patient's values and traditions could hinder compliance or acceptability of treatment

EFFICIENCY

Not being able to effectively communicate or understand the patient's needs and concerns can lead to unnecessary tests and appointments

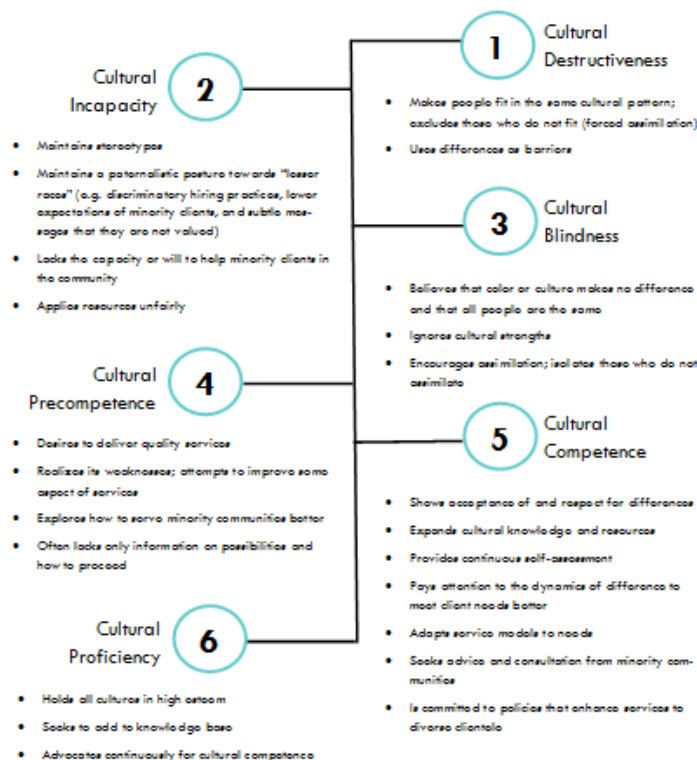Lack of follow-up and adherence, and considerable waste of resources and staff time

TIMELINESS

Minority patients are more likely to delay visiting the doctor, leading to worsening health problems and ER admissions

Hesitancy to visit the doctor or follow through with preventive or treatment recommendations

Anxiety may stem from feeling judged, misunderstood, or not accepted by provider

EFFICACY

Inability to communicate effectively Contributes to an inability to diagnose correctly, and poor adherence to recommendations

Difficulty expressing symptoms or asking questions could lead to the patient leaving with no intention of complying

UNDERSTANDING THE STAGES OF CULTURAL COMPETENCE

2 Cultural Incapacity

- Maintains stereotypes
- Maintains a paternalistic posture towards "lesser races" (e.g. discriminatory hiring practices, lower expectations of minority clients, and subtle messages that they are not valued)
- Lacks the capacity or will to help minority clients in the community
- Applies resources unfairly

4 Cultural Precompetence

- Desires to deliver quality services
- Realizes its weaknesses; attempts to improve some aspect of services
- Explores how to serve minority communities better
- Often lacks only information on possibilities and how to proceed

6 Cultural Proficiency

- Holds all cultures in high esteem
- Seeks to add to knowledge base
- Advocates continuously for cultural competence

1 Cultural Destructiveness

- Makes people fit in the same cultural pattern; excludes those who do not fit (forced assimilation)
- Uses differences as barriers

3 Cultural Blindness

- Believes that color or culture makes no difference and that all people are the same
- Ignores cultural strengths
- Encourages assimilation; isolates those who do not assimilate

5 Cultural Competence

- Shows acceptance of and respect for differences
- Expands cultural knowledge and resources
- Provides continuous self-assessment
- Pays attention to the dynamics of difference to meet client needs better
- Adapts service models to needs
- Seeks advice and consultation from minority communities
- Is committed to policies that enhance services to diverse clientele

Source: Cross et al. 1989

PERFORMING A CULTURAL COMPETENCE ASSESSMENT

COMMUNITY ASSESSMENT

- Identify the culturally, linguistically, racially, and ethnically diverse groups in the clinic's area.
- Use data to assess the percentage of minority and ethnic individuals, the extent to which individuals from various groups are accessing services, and the underrepresented groups that may need targeted outreach.

ASSESSMENT BY CLIENTS

- Surveys help determine the accessibility and sensitivity of the clinic and are an effective method of assessment.
- It is recommended to survey clients at the time of discharge.
- Programs can analyze by gender, race, ethnicity, religion, and physical ability the feedback from clients about services.

PROGRAM SELF-ASSESSMENT

- Self-assessment should include the following areas: administration policies, physical facility, staff diversity, staff training, screening and assessment methods and tools, and program design
- It is essential to include the entire staff, including board members and volunteers, to share the results with them, and culminate with the decision to take specific actions
- The results of the assessment should be used to develop a long-term plan that includes measurable goals and objectives and may indicate changes that need to be made in the mission statement, policies, administration, staffing patterns, service delivery practices and approaches, and outreach and professional development activities

http://www.ncbi.nlm.nih.gov/books/NBK64076/

Cultural Competency Workgroup

- We need YOU… to provide feedback to our office on how we can support you and our grantees in pursuing cultural proficiency
- Conference call meetings / email communication
- Start at the beginning of the year
- Short-term commitment
- 5-7 participants

If you'd like to participate, please contact Beeta Kashani at beeta.kashani@ks.gov or (785) 291-3819

Education & TA Projects in Progress

Unused Medication Repository

The Utilization of Unused Medications Act (UMA) was passed by the Kansas legislature in 2008 to allow the donation of unused medications to Federally Qualified Health Centers, indigent health care clinics, and community mental health centers.

The Unused Medications Repository, administered by Community Health Center of Southeast Kansas, provides donated medications free of charge to eligible clinics in Kansas.

Program Information: www.ksunusedmeds.org

Our Goal:
Assist CBPCCs and other eligible clinics in understanding the requirements of the UMA and maximizing the use of Unused Medication Repository program to benefit patients

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Education & TA Projects in Progress

Kansas Board of Pharmacy

STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	REGISTRATION APPLICATION: Health Department or Clinic Form BA-11
STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	REGISTRATION RENEWAL: Health Department or Clinic Form BR-11

Medication Repository Program

Next Steps:

Meeting with Board of Pharmacy leadership to discuss further

Working with KAMU and CHC-SEK, dissemination information/ instructions to clinics

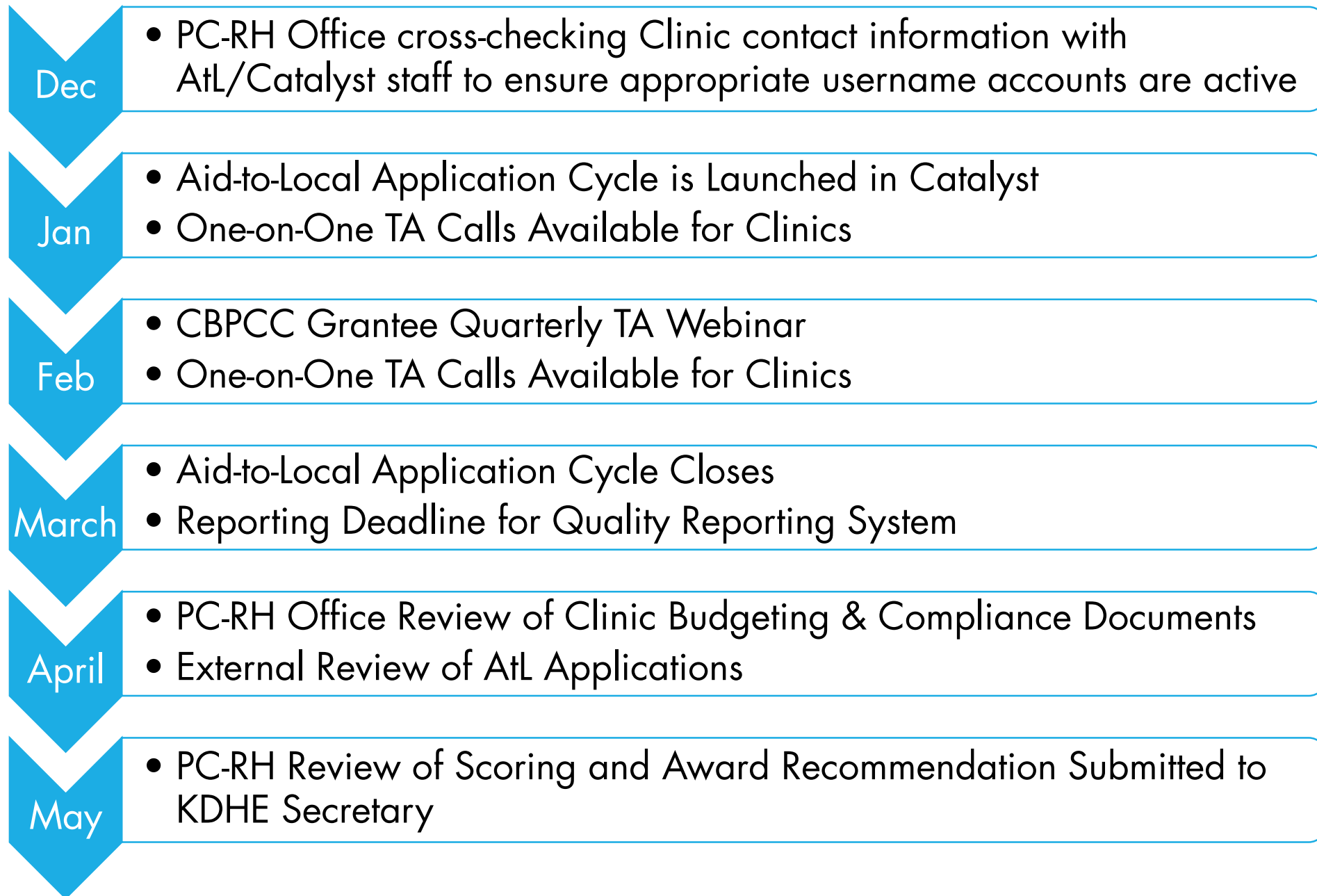Conduct environmental scan to identify needs & promising practices

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Questions?

Preparing for Aid-to-Local Grant Submission

Aid-to-Local Application Timeline Overview

Dec
- PC-RH Office cross-checking Clinic contact information with AtL/Catalyst staff to ensure appropriate username accounts are active

Jan
- Aid-to-Local Application Cycle is Launched in Catalyst
- One-on-One TA Calls Available for Clinics

Feb
- CBPCC Grantee Quarterly TA Webinar
- One-on-One TA Calls Available for Clinics

March
- Aid-to-Local Application Cycle Closes
- Reporting Deadline for Quality Reporting System

April
- PC-RH Office Review of Clinic Budgeting & Compliance Documents
- External Review of AtL Applications

May
- PC-RH Review of Scoring and Award Recommendation Submitted to KDHE Secretary

SFY 2018 ATL Application Sections

- A.1 – Application Request Summary/Budget

- A.2 – Local Community Data

- A.3 – Clinic Governance/Compliance (previously called "Clinical Overview/Governance"

- A.4 – Primary Medical Care Funding Request

- A.5 – Dental Assistance Funding Request

Recommended Action Steps to Prepare for Application

1. Review/Begin Preparing Your Clinic's Data -
    Total Patient Visits by Type of Care (Medical, Dental, Enabling Services, etc.)
    Unduplicated Patient Counts by Income Level <u>and</u> Payor Type
    Clinical Quality Measures

2. Begin Putting Information about the Clinic -
    Board's progress in setting & reviewing priorities for the clinic through periodic review of local unmet community health need
    Examples of a project/initiatives your clinic has implementing to address community health needs assessment priorities
    Relationships with local community organizations (LHD, hospitals, schools, etc.)
    Examples of community engagement/collaboration with partners

Recommended Action Steps to Prepare for Application

3. Begin Gathering Needed Documentation to Submit -

    Clinic's Financial Assistance policy

    Clinic's Board of Directors roster.

    Proof of Quarterly Board Meeting

    Proof of Clinic's Annual Survey of Client/Patient Satisfaction

    Clinic's Proof of Access to Ancillary, Inpatient and Specialty Care Arrangements Policy

    Clinic's Limited English Proficiency (LEP) Policy

    **If using Clinic is Requesting CBPCC funds for Prescription Assistance. Clinics internal policies and procedures/protocols governing how the clinics provides prescriptions assistance/counseling services as well as how the clinic manages and monitors medications given to patients.

Recommended Action Steps to Prepare for Application

4. Participate in the Upcoming Catalyst System/AtL Webinars through KS-TRAIN

KDHE: Catalyst System Webinars (1064942)

The Catalyst System Webinars are being provided for users to have information on the Aid to Local grant application and reporting platform enhancements. At the conclusion of this training, attendees will be able to:
- Apply for their fiscal year 2018 grants by using the new features in Catalyst
- Be able to complete, edit and submit a fiscal status report (FSR).

Live Webinar Schedule
Time: 9:00 – 11:00 a.m. (cst)
Dates: December 5, 2016
        December 12, 2016
        December 19, 2016

Steps to Find to Locate Course:

1. You must be logged into to your KS-TRAIN account to register for a course.
   http://ks.train.org

2. On the right hand side of the homepage add the course number **1064942** to the 'Search by Keyword or Course ID' field. Click the Search (magnifying glass) button.

3. View the 'Course Detail' page for important information.

4. Select the 'Registration' tab and the 'Register' button fo the session location you would like to attend.

5. To withdraw from the course please log into TRAIN, click the 'My Learning' link, 'Current Courses' button, and the 'M' to the right of the course title to 'Withdraw'.

Search by Keyword or Course ID

Login Name

Password

LOGIN

Remember My Login Name and Pas

Forgot Your Login Name/Password?

-OR-

CREATE ACCOUNT

To add your course to TRAIN. Become a Course Provider

Need your account Login or Password?

Click the 'Forgot Your Login Name/Password' link on the login page to access your account information OR, contact the Helpdesk at: helpdesk@kdheks.gov; 785-296-5655.

Questions?

Upcoming Webinars & Contact

- Upcoming webinars:
  - Next grantee quarterly webinar:
    Tuesday, February 14th, 12:30-1:30 pm
    Register here
  - Navigating Rural Health Resources:
    Tuesday, December 20th, 12:30-1:30 pm
    Register here
- Office contact information:
  - Beeta Kashani: beeta.kashani@ks.gov
  - Bobbi Darnell: bobbi.darnell@ks.gov
  - Primary care: primarycare@ks.gov